

I027846



United States Department of Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental and
Risk Analysis
Services, Unit 149

4700 River Road
Riverdale, MD
20737

July 16, 2015

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect incidents dated March, April and May 2015 for the reporting period ending May 31, 2015**

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

Incident Category
D-A

No. of Incidents
6

Details of the incidents (involving the deaths of five domestic dogs) can be found in the enclosures.

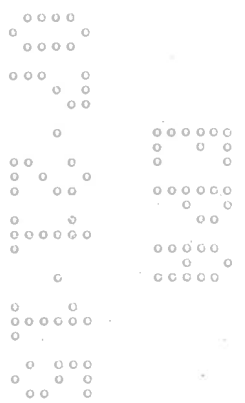
Please direct any questions pertaining to this adverse incident report to Jeffery W. Jones at (301) 851-4001 or e-mail Jeffery.W.Jones@aphis.usda.gov.

Sincerely,

David A. Reinhold
for

David S. Reinhold
Chief, Environmental and Risk Analysis Services

Enclosures (6)



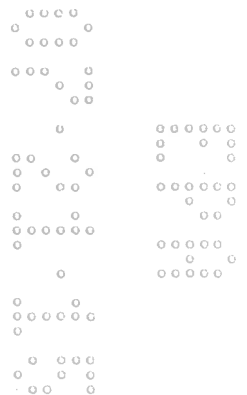
cc:

J. Jones, USDA, APHIS, WS, OS, Riverdale, MD (sent electronically)

J. Edwards, USDA, WS, NWRC Archives, Fort Collins, CO

P. Darrow, USDA, APHIS, WS, Pocatello Supply Depot, Pocatello, ID (sent electronically)

APHIS:PPD:DSinkowski:07-16-15:i:\ppd\es\DataSupport\ws\pesticides\6(a)(2)\fy2015\
July 16 2015 aggregate report letter.doc



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE VIS BECAME AWARE OF THE INCIDENT 03/17/2015	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 03/17/2015	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Zachary Evans		TELEPHONE NUMBER 304-614-9539	CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER	
DUTY STATION ADDRESS PO Box 13 Circleville, WV 26804			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Circleville	STATE WV	COUNTY Pendleton	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) Agricultural (Sheep) Fenced Wooded Pasture edge	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

During trap check, WT Evans found a dog without a collar. WT Evans spoke with the farmer to inform him of the incident. The farmer informed WT Evans of the dog's owner. At that time, WT Evans returned the dog to its rightful owner. The owner of the dog informed WT Evans that he was aware of the equipment set on neighboring property prior to turning the dog loose.

NAME OF PREPARER Zachary P. Evans	SIGNATURE 	TELEPHONE NUMBER 304-614-9539	DATE 03/20/2015
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	TELEPHONE NUMBER 304-636-1785	DATE 03/20/15

WS FORM 180-R (June 98)

(Local Reproduction Authorized)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild
SPECIES COMMON NAME Dog		BREED (if known) Brittany

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

N/A



WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Fenced wooded pasture edge

ADDITIONAL FACTORS

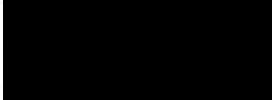
NAME OF PREPARER Zachary P. Evans	SIGNATURE 	DATE 03/20/15
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	DATE 03/20/15

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 03/23/2015	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 03/23/2015 <input type="checkbox"/> Update	Date of last submission		

EMPLOYEE NAME (To contact for additional information) Travis Mininger	TELEPHONE NUMBER 304-614-9536	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
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DUTY STATION ADDRESS 	ADDRESS
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INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Tunnelton	STATE WV	COUNTY Preston	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Media	<input type="checkbox"/> Telephone Call <input type="checkbox"/> Oral Report <input type="checkbox"/> Letter <input type="checkbox"/> Other

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Agricultural (Goat) Fenced Open Fence Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide
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WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

During trap check, WT Mininger determined that he had an M-44 that had been pulled by a dog. WT Mininger spoke to the farmer to inform him of the incident. At that time the farmer indicated the dog was his and that he knew the dog had been running loose and got into the equipment. The farmer informed WT Mininger that he did not try to capture the dog since he believed it would not go to that section of the farm.

NAME OF PREPARER Travis Mininger	SIGNATURE 	TELEPHONE NUMBER 304-614-9536	DATE 3/26/2015
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	TELEPHONE NUMBER 304-636-1785	DATE 3/26/15

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY
REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Dog

BREED (If known)

Mix

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

N/A

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Open Fence Pasture

ADDITIONAL FACTORS

NAME OF PREPARER

Travis Mininger

SIGNATURE

Travis Mininger

DATE

3/26/2015

NAME OF SUPERVISOR

Tom S. Elliott

SIGNATURE

Tom S. Elliott

DATE

3/26/15

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 03/30/2015	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 03/30/2015	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Jason Rhodes		TELEPHONE NUMBER 304-591-2417	CONTACT NAME (If Non-APHIS) 	
DUTY STATION ADDRESS HC 68 box 151 Bowden WV, 26254			ADDRESS 	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY French Creek	STATE WV	COUNTY Upshur	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other _____	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.) 				

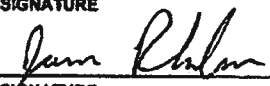

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)) Agricultural (Cattle) Fenced Wooded Pasture edge		SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation) 	
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) 	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

WT Rhodes arrived on a cooperators property in Upshur County to perform an equipment check. While checking equipment WT Rhodes became aware that a dog had been killed by an M44. The dog did have a collar, but had no identification on it. WT Rhodes spoke with the cooperator and was unable to identify who the dog belonged to. The cooperator agreed to ask his neighbors about the dog, hoping to find its owner.

NAME OF PREPARER Jason Rhodes	SIGNATURE 	TELEPHONE NUMBER 304-591-2417	DATE 3-31-15
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	TELEPHONE NUMBER 304-636-1785	DATE 3/31/15

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild
SPECIES COMMON NAME Dog		NUMBER OR ACRES AFFECTED
BREED (if known) Blue Heeler		
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

N/A

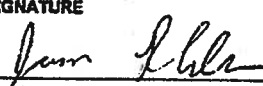

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED


Fenced wooded pasture edge

ADDITIONAL FACTORS

NAME OF PREPARER Jason Rhodes	SIGNATURE 	DATE 3-31-15
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	DATE 3/31/15

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

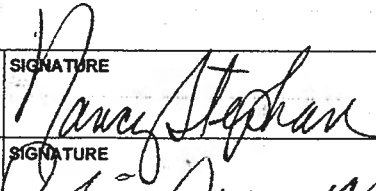
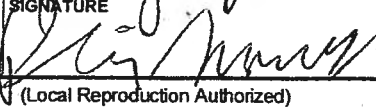
INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 03/18/2015	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 03/18/2015	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Cody Krause		TELEPHONE NUMBER 701-650-7281	CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER	
DUTY STATION ADDRESS 			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY New Rockford	STATE ND	COUNTY Eddy	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS Data	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Rangeland/Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] M-44 device activated by non-target species - Domestic Dog
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 04/02/2015
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 04/02/2015

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
SPECIES COMMON NAME		BREED (if known)
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		

The Domestic Dog was killed after activating a M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)

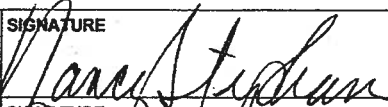

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.

ADDITIONAL FACTORS

The neighbors dog traveled the approximately 5 miles to the M-44 station and pulled one of the M-44's. The cooperator had notified the dog owner before we placed the M-44's and all gate and M-44 signage was properly placed. The dog was returned to the owner for proper burial.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 0402/2015
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 04/02/2015

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS Date <input checked="" type="checkbox"/> New 4/17/15 <input type="checkbox"/> Update		DATE WS BECAME AWARE OF THE INCIDENT 4/17/15	ES USE ONLY REPORT NUMBER
EMPLOYEE NAME (To contact for additional information) Chad Fox	TELEPHONE NUMBER 540-381-7387	CONTACT NAME (If Non-APHIS) [REDACTED]		TELEPHONE NUMBER
DUTY STATION ADDRESS 105 B Penderosa Dr. Christiansburg VA 24073		ADDRESS		
CITY Pulaski	STATE VA	COUNTY Pulaski	SOURCE OF INFORMATION <input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

M44 pulled by dog owned by cooperator

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

livestock protection

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M44 cyanide capsules	ACTIVE INGREDIENT sodium cyanide
WAS THE PRODUCT <input type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)		WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

Cooperator failed to maintain control of dog.

NAME OF PREPARER Chad Fox	SIGNATURE [Signature]	TELEPHONE NUMBER 540-381-7387	DATE 4/17/15
NAME OF SUPERVISOR Scott C. Berry	SIGNATURE [Signature]	TELEPHONE NUMBER 804-779-7779	DATE 4/21/15

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY
REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

dog

BREED (if known)

mixed

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

dog was found dead near pulled m44 device

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

W/ 26 use restrictions

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

pasture

ADDITIONAL FACTORS

N/A

NAME OF PREPARER

Chad Fox

NAME OF SUPERVISOR

Scott C. Bell

SIGNATURE

Chad Fox

SIGNATURE

Scott C. Bell

DATE

4/17/15

DATE

4/20/15

WS FORM 160B-R (June 99)

(Local Reproduction Authorized)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WBS BECAME AWARE OF THE INCIDENT 05/01/2015	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 05/01/2015	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Travis Mininger		TELEPHONE NUMBER 304-614-9536	CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER	
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Hundred	STATE WV	COUNTY Wetzel	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

Agricultural (Goat) Fenced
Open Fence Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

During Trap check WT Mininger found a dog with a collar but no identification on it. WT Mininger spoke with the farmer to inform him of the incident. The farmer did not know the owner of the dog. The farmer would notify WT Mininger if he ever discovered who the owner was.

NAME OF PREPARER Travis Mininger	SIGNATURE 	TELEPHONE NUMBER 304-614-9536	DATE 5/11/15
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	TELEPHONE NUMBER 304-636-1785	DATE 5/18/15

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
SPECIES COMMON NAME Dog	BREED (if known) Mix	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS		

Fatality

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

N/A



WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

Open Fence Pasture

ADDITIONAL FACTORS

NAME OF PREPARER Travis Mininger	SIGNATURE 	DATE 5/11/15
NAME OF SUPERVISOR Tom S. Elliott	SIGNATURE 	DATE 5/18/15